

Welcome to Velca

"We believe in creating positive changes in people's lives"

Thank you for coming in and joining us today. Please fill out this form to help us get to know you better so we can better serve your individual needs.

Your personal details

Name: _____ Date of birth: / /

Your contact details

Home Address: _____

Do you have a mailing address? (Please state if different from above)

Email address: _____

Phone (Home): _____ (Mobile): _____ (Business): _____

Next of kin

Name: _____ Relationship: _____

Address: _____

Phone (Home): _____ (Mobile): _____ (Business): _____

Please tick if you would not like to receive our newsletter

Regularity of attendance

I would like to attend Velca Fun Fit:

Once per week Twice per week Other _____

I prefer to attend on:

A weekday evening During the day (weekday) Saturday

(Please note: Carer Support can only be used as a form of payment if the Carer is not at work during the time of the class).

Support during the class

I am able to complete the class

Independently I require support and will bring a support person

Goals for attendance

By attending Velca Fun Fit I would like to

Lose weight Learn about being healthy Make friends
 Get fit Have fun Belong to a regular group

How did you hear about Velca Fun Fit?

Please tick if you have or had any of the following conditions:

- | | | |
|--|--|--|
| <input type="radio"/> Diabetes | <input type="radio"/> Chest pain with exercise | <input type="radio"/> Pacemaker |
| <input type="radio"/> Dizziness, fainting or blackouts | <input type="radio"/> Low blood pressure | <input type="radio"/> Spinal or disk injury |
| <input type="radio"/> Epilepsy/convulsions | <input type="radio"/> High blood pressure | <input type="radio"/> Ongoing musculoskeletal injuries and/or conditions |
| <input type="radio"/> Hearing difficulties | <input type="radio"/> Heart attack/angina | <input type="radio"/> Unreasonable breathlessness |
| <input type="radio"/> Visual disturbances | <input type="radio"/> TIA/Stroke | |
| | <input type="radio"/> Heart disease | |

Are you taking any medications? Yes No

Please write their names and the reasons for which you are taking them:

Do you have any other health concerns or specific requirements that Velca should be aware of?

If you have answered YES to any of the above questions you may need to be referred to a medical practitioner for a medical release before commencing physical activity.

Agreement for participation in Velca Fun Fit

The "Trainer" refers to the New Zealand Registered Business "Velca". The "Activity" refers to the participation in group classes and general advice.

- 1)** Completing this form registers your interest in attending Velca Fun Fit. Once registered, payment must be made to confirm place in a Velca Fun Fit class.
- 2)** I acknowledge that it is a condition of participating in this activity that I do so at my own risk. In the event of an accident or illness, Velca will attempt to contact the parent/guardian and will take all appropriate steps to ensure my well-being, but will not be liable for any costs, e.g. Doctor or A&E fees.
- 3)** I accept all risks and hereby indemnify and release the Trainer, their agents, affiliates, employees, members, sponsors and any other person or body directly and indirectly associated with the Trainer, against all liability (including liability for the negligence of others) claims, demands, and proceeding arising out of or connected with my participation in this activity.
- 4)** This release and indemnity continues forever and binds my heirs, successors, executors, personal representative and assigns.
- 5)** I acknowledge that participating in the activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings.
- 6)** I recognize the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.

"From the bitterness of disease, man learns the sweetness of health"

7) I understand the physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health that I participate in this activity my trainer will be immediately informed. By continuing to participate in this activity, I accept the risk despite these conditions and am still and will always be under these terms of this agreement.

8) I authorise Velca to use any photos / video taken during training sessions for training and/or advertising purposes, including use on Facebook and the Velca Website.

9) I certify that I am 18 years or older and I have read this document and fully understand it or as a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant (b) I indemnify and keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to.

10) Payments can be made via carer support (one carer support day funds four classes), cash, cheque or direct credit. Please contact Louise on 027 4294131 or louise@velca.co.nz to discuss payment options.

11) Full payment (including submission of a current, signed carer support form) must be paid prior to completion of the Velca Fun Fit class.

12) Velca reserves the right, and at the participants/parent or guardian's expense, to use the services of Baycorp (NZ) Limited or other such debt recovery organisation to recover outstanding payments.

13) Velca Fun Fit classes are a pre-paid service (except if paying using carer support, however a completed and signed form must be provided prior to the commencement of the class). Fees are charged on registration and actual attendance.

14) The information collected on this form will be used only by Velca for the sole purpose of administering the programme and updating details on the Velca database.

Parent/Guardian Declaration

15) I agree to the above terms and conditions. I authorise that in the event of a medical emergency, Velca staff or appropriate medical staff will administer care for my child/participant. I understand that I am liable for any associated costs.

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full Name (please print) _____ Date: ____/____/____

Name of Trainer: _____ Signature of Trainer: _____

I intend to pay for Velca Fun Fit by

Cash

Carer Support

Direct Credit

Cheque

Once you have completed this form please contact Louise on 027 429 4131 (text or call) or louise@velca.co.nz to arrange attendance at a Velca Fun Fit class.

Please also complete and sign a Carer Support Form if this is your method of payment.

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